



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower
500 James Robertson Pkwy., 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis, TN 38103
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



PERSONAL FINANCIAL STATEMENT OF _____ DATE: _____

SUBMITTED TO THE ALCOHOLIC BEVERAGE COMMISSION _____

APPLICANT (NAME): _____

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
STREET ADDRESS

CITY STATE ZIP COUNTY

BUS PHONE YRS W/EMP TITLE/POSITION

NAME OF PREV EMPLER & POSITION (IF W/CURRENT EMPLOYER LESS THAN 3 YEARS) NO OF YRS

HOME ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP COUNTY

HOME PHONE NO, _____

SSN: _____ D.O.B. _____

NAME/PHONE NO. OF YOUR ACCOUNTANT

NAME/PHONE NO. OF YOUR ATTORNEY

NAME/PHONE NO. OF YOUR INVESTMENT ADVISOR/BROKER

NAME/PHONE NO. OF YOUR INSURANCE ADVISOR

CO-APPLICANT (NAME): _____

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____
STREET ADDRESS

CITY STATE ZIP COUNTY

BUS PHONE YRS W/EMP TITLE/POSITION

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SSN: _____ D.O.B. _____

NAME/PHONE NO. OF YOUR ACCOUNTANT

NAME/PHONE NO. OF YOUR ATTORNEY

NAME/PHONE NO. OF YOUR INVESTMENT ADVISOR/BROKER

NAME/PHONE NO. OF YOUR INSURANCE ADVISOR

CASH INCOME & EXPENDITURES STATEMENT FOR YEAR ENDED (OMIT CENTS)

Table with 2 columns: ANNUAL INCOME, AMOUNTS. Rows include SALARY (APPLICANT), SALARY (CO-APPLICANT), BONUSES & COMMISSIONS (APPLICANT), BONUSES & COMMISSIONS (CO-APPLICANT).

Table with 2 columns: ANNUAL INCOME, AMOUNTS. Rows include FEDERAL INCOME & OTHER TAXES, STATE INCOME & OTHER TAXES, RNTL PYMTS, CO-OP, CONDO MAINT, MORTGATE PAYMENTS RESIDENTIAL, INVESTMENT.

RENTAL INCOME \$ _____

INTEREST INCOME \$ _____

DIVIDEND INCOME \$ _____

CAPITAL GAINS \$ _____

PARTNERSHIP INCOME \$ _____

OTHER INVESTMENT INCOME \$ _____

OTHER INCOME (LIST) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME ► \$ _____

PROPERTY TAXES RESIDENTIAL \$ _____

INVESTMENT \$ _____

INT & PRINCIPAL PYMNT ON LOANS \$ _____

INSURANCE \$ _____

INVESTMENTS (INC TAX SHELTERS) \$ _____

ALIMONY/CHILD SUPPORT \$ _____

TUITION \$ _____

OTHER LIVING EXPENSES \$ _____

MEDICAL EXPENSES \$ _____

OTHER EXPENSES \$ _____

_____ \$ _____

TOTAL EXPENDITURES ► \$ _____

Any significant changes expected in the next 12 months? Yes No (If yes, attach information)

INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF THE APPLICANT OR CO-APPLICANT DOES NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
CASH IN THIS BANK (Incl. Money Market Accts, CDs)	\$ _____	NOTES PAYABLE TO THIS BANK	\$ _____
CASH IN OTHER FINANCIAL INSTITUTIONS (LIST) (Including Money Market Accounts, CDs)	\$ _____	SECURED	\$ _____
		UNSECURED	\$ _____
READILY MARKETABLE SECURITIES (SCH A)	\$ _____	ACCTS PAYABLE (INCL. CREDIT SALES)	\$ _____
NON-READILY MARKETABLE SECURITIES (SCH A)	\$ _____	MARGIN ACCOUNTS	\$ _____
ACCOUNTS AND NOTES RECEIVABLE (SCH E)	\$ _____	AMOUNTS DUE (SCHEDULE D)	\$ _____
CASH SURRENDER VALUE OF LIFE INS. (SCH B)	\$ _____	TAXES PAYABLE	\$ _____
RESIDENTIAL REAL ESTATE (SCH C)	\$ _____	MORTGAGE DEBT (SCHEDULE C)	\$ _____
REAL ESTATE INVESTMENTS (SCH C)	\$ _____	LIFE INSURANCE LOANS (SCHEDULE B)	\$ _____
PARTNERSHIPS/PC INTERESTS (SCH D)	\$ _____	OTHER LIABILITIES (LIST):	\$ _____
IRA, KEOGH, PROFIT-SHARING & OTHER VESTED RETIREMENT ACCTS.	\$ _____	_____	\$ _____
DEFERRED INCOME	\$ _____	_____	\$ _____
PERSONAL PROPERTY (INCL. AUTOMOBILES)	\$ _____	_____	\$ _____
OTHER ASSETS (LIST):	\$ _____	_____	\$ _____
		TOTAL LIABILITIES	\$ _____
		NET WORTH	\$ _____
			\$ _____

\$ _____

\$ _____

List below the details on any obligation(s) for which you are a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership:

CONTINGENT LIABILITIES

PRIMARY OBLIGATOR	WHO OWED	AMOUNT GUARANTEED	MATURITY DATE	SECURITY DESCRIPTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHEDULE A – ALL SECURITIES (INCLUDING NON-MONEY MARKET MUTUAL FUNDS)

No. Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGDED
						<input type="checkbox"/> Yes <input type="checkbox"/> No
READILY MARKETABLE SECURITIES (INCLUDING US GOVERNMENTS AND MUNICIPALS)						
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTALS					_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NON-READILY MARKETABLE SECURITIES (CLOSELY HELD, THINLY TRADED, OR RESTRICTED STOCK)						
TOTALS					_____	_____

SCHEDULE B – INSURANCE

LIFE INSURANCE (Use additional sheet if necessary)

INSURANCE COMPANY	FACE AMOUNT OF POLICY	POLICY TYPE	BENEFICIARY	CASH SURRENDER VALUE	AMOUNT BORROWED	OWNERSHIP
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DISABILITY INSURANCE	APPLICANT	CO-APPLICANT
MONTHLY DISTRIBUTION IF DISABLED		
NUMBER OF YEARS COVERED		

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? YES NO
If yes, what year(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? YES NO
If yes, please provide details: _____
3. Have you drawn a will? YES NO
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for your? YES NO
6. Did you include two years federal and state tax returns? YES NO
7. Do (either of) you have a line of credit or unused credit facility at this or any other institution(s)? YES NO
If so, please indicate where, how much, and name of banker: _____

8. Do you anticipate any substantial inheritances? YES NO
9. a. Are there any suits or legal actions pending against you? YES NO
b. Are you contingently liable on any lease or contract? YES NO
c. Are any of your tax obligations past due? YES NO
d. What would be your total estimated liability if you were to sell your major assets? _____
e. If yes for any of the above, give details: _____

REPRESENTATION AND WARRANTIES

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (i) in any of the information contained in this statement or (ii) in the financial condition of any of the undersigned or (iii) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement this should be considered as a continuing statement and substantially correct. Each of the undersigned also agrees to furnish you, within ten (10) days after receiving your written request, any additional information you reasonably request state to be necessary to confirm the accuracy and completeness of any information contained herein, including but not limited to a detailed listing of the components of any asset or liability listed herein. If the undersigned fail to notify you or fail to supply you with additional or supplemental information, both as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein or hereafter supplied pursuant hereto and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Applicant Signature	Date
Co-Applicant Signature	Date